



MISSOURI DEPARTMENT OF NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL QUALITY
SOLID WASTE MANAGEMENT PROGRAM
INFECTIOUS WASTE PROCESSING FACILITY FEE REPORT

Mail Completed Form to: MISSOURI DEPARTMENT OF NATURAL RESOURCES
P.O. Box 477, Jefferson City, MO 65102

PERMIT NUMBER	REPORTING PERIOD	
FACILITY	COUNTY	SOLID WASTE REGION

☐ If no infectious waste was received or processed during the quarter, check box and sign below.

A. TRANSPORTED LESS THAN 300 MILES

	POUNDS PROCESSED	CONVERT TO TONS	TONS	FEE	TOTAL OWED
1. Infectious waste processed		÷ 2,000	=	x \$2.00	= \$

B. TRANSPORTED MORE THAN 300 MILES

	POUNDS PROCESSED	CONVERT TO TONS	TONS	FEE	TOTAL OWED
2. Infectious waste processed		÷ 2,000	=	x \$2.00	= \$
	FACILITY GROSS FEE CHARGED			DISTANCE SURCHARGE	
3. Distance Surcharge				x .10	= \$
4. Amount Due Total of lines 1, 2 and 3 Enclose the check or money order for amount due made payable to the Missouri Department of Natural Resources					= \$

I certify under penalty of law that the submitted information is true, accurate and complete for the quarterly accounting of infectious waste delivered to the facility and subject to fees. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

PREPARED BY:	PLEASE CHECK <input type="checkbox"/> OWNER <input type="checkbox"/> OPERATOR		
NAME	NAME		
TITLE	TITLE		
PHONE () -	PHONE () -	EXT.	EXT.
SIGNATURE	SIGNATURE		
DATE / /	DATE / /		

FOR OFFICE USE ONLY

DATE	AMOUNT DUE	AMOUNT RECEIVED	DMS INITIALS
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Deposit Information - Line 1 and 2: 0570-780-3445-1206-07

Deposit Information - Line 3: 0101-780-3445-1206-07

County:

Facility: